

AMENDED IN ASSEMBLY JANUARY 5, 2006

AMENDED IN ASSEMBLY APRIL 18, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 699

Introduced by Assembly Member Chan

February 17, 2005

~~An act to amend Sections 14005.31, 14005.32, and 14011.16 of the Welfare and Institutions Code, relating to Medi-Cal. An act to add Section 120155 to the Health and Safety Code, relating to vaccines.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 699, as amended, Chan. ~~Medi-Cal: semiannual status reports.~~
Vaccines: influenza.

Existing law requires the State Department of Health Services to provide appropriate flu vaccine to local governmental or private, nonprofit agencies at no charge in order that the agencies may provide the vaccine, at a minimal cost, at accessible locations first for all persons 60 years of age or older in this state, and then to any other high-risk groups identified by the United States Public Health Service. The department and the California Department of Aging are required to prepare, publish, and disseminate information regarding the availability of the vaccine, and the effectiveness of the vaccine in protecting the health of older persons.

This bill would require the State Department of Health Services to annually determine the amount of influenza vaccine that is available from each vaccine's manufacturer for the population of this state, as well as the need for the vaccine by the state's population, and to make this information available on the department's Web site no later than October 1 of each year, with periodic updating as prescribed. The bill

would require each entity that has possession of, or has a legal right to obtain possession of, influenza vaccine to report its inventory of the vaccine upon notice from either the local health department or the department. It would require influenza vaccine distributors and pharmacy suppliers to cooperate with the department and local health officers in determining local inventories of influenza vaccine, including providing copies of invoices and distribution lists as specified.

The bill would also prohibit the administration of an influenza vaccine to an individual who is not within a priority group as prescribed, unless the department or the local health officer makes a specified determination.

~~Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons receive health care benefits.~~

~~Existing law requires a Medi-Cal beneficiary to file semiannual status reports and an annual reaffirmation form to report any changes that might affect the beneficiary's eligibility for the program.~~

~~This bill would eliminate the requirement that a beneficiary file a semiannual status report.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 120155 is added to the Health and
- 2 Safety Code, to read:
- 3 120155. (a) The department shall annually determine the
- 4 amount of influenza vaccine, including the live, attenuated
- 5 influenza vaccine in a nasal-spray, that is available from each
- 6 vaccine's manufacturer for the population of this state, as well as
- 7 the need for the vaccine by the state's population, and make this
- 8 information available on the department's Web site no later than
- 9 October 1 of each year and provide periodic updating as
- 10 necessary from October 1 through December 31 of each year.
- 11 (b) Each entity that has possession of, or has a legal right to
- 12 obtain possession of, influenza vaccine shall report its inventory
- 13 of the vaccine to the local health department upon notice from
- 14 the local health department, or to the department upon notice
- 15 from the department. Influenza vaccine distributors and

1 *pharmacy suppliers shall cooperate with the department and*
2 *local health officers in determining local inventories of influenza*
3 *vaccine, including providing copies of invoices, orders, and*
4 *distribution lists in a timely manner, when necessary.*

5 *(c) No person shall administer an influenza vaccine to an*
6 *individual who is not within a priority group, unless and until the*
7 *department or the local health officer makes a determination that*
8 *this restriction is not necessary, or is no longer necessary for the*
9 *public health and issues a health order to that effect. For*
10 *purposes of this subdivision, a “priority group” means a group*
11 *of individuals who have the highest risk of serious illness or*
12 *death from influenza, or represent a population that is at an*
13 *increased likelihood of transmitting the infection once infected,*
14 *as determined on a statewide basis by the department, consistent*
15 *with the findings of the Centers for Disease Control and*
16 *Prevention. For purposes of this subdivision, a “priority group”*
17 *also means a group of individuals within a local jurisdiction who*
18 *have the highest risk of serious illness or death from influenza, or*
19 *represent a population within a local jurisdiction that is at an*
20 *increased likelihood of transmitting the infection once infected,*
21 *as determined by the State Public Health Officer or a local*
22 *health officer.*

23 ~~SECTION 1. Section 14005.31 of the Welfare and~~
24 ~~Institutions Code is amended to read:~~

25 ~~14005.31. (a) (1) Subject to paragraph (2), for any person~~
26 ~~whose eligibility for benefits under Section 14005.30 has been~~
27 ~~determined with a concurrent determination of eligibility for cash~~
28 ~~aid under Chapter 2 (commencing with Section 11200), loss of~~
29 ~~eligibility or termination of cash aid under Chapter 2~~
30 ~~(commencing with Section 11200) shall not result in a loss of~~
31 ~~eligibility or termination of benefits under Section 14005.30~~
32 ~~absent the existence of a factor that would result in loss of~~
33 ~~eligibility for benefits under Section 14005.30 for a person~~
34 ~~whose eligibility under Section 14005.30 was determined~~
35 ~~without a concurrent determination of eligibility for benefits~~
36 ~~under Chapter 2 (commencing with Section 11200).~~

37 ~~(2) Notwithstanding paragraph (1), a person whose eligibility~~
38 ~~would otherwise be terminated pursuant to that paragraph shall~~
39 ~~not have his or her eligibility terminated until the transfer~~
40 ~~procedures set forth in Section 14005.32 or the redetermination~~

1 ~~procedures set forth in Section 14005.37 and all due process~~
2 ~~requirements have been met.~~

3 ~~(b) The department, in consultation with the counties and~~
4 ~~representatives of consumers, managed care plans, and Medi-Cal~~
5 ~~providers, shall prepare a simple, clear, consumer-friendly notice~~
6 ~~to be used by the counties, to inform Medi-Cal beneficiaries~~
7 ~~whose eligibility for cash aid under Chapter 2 (commencing with~~
8 ~~Section 11200) has ended, but whose eligibility for benefits~~
9 ~~under Section 14005.30 continues pursuant to subdivision (a),~~
10 ~~that their benefits will continue. To the extent feasible, the notice~~
11 ~~shall be sent out at the same time as the notice of discontinuation~~
12 ~~of cash aid, and shall include all of the following:~~

13 ~~(1) A statement that Medi-Cal benefits will continue even~~
14 ~~though cash aid under the CalWORKs program has been~~
15 ~~terminated.~~

16 ~~(2) A statement that continued receipt of Medi-Cal benefits~~
17 ~~will not be counted against any time limits in existence for~~
18 ~~receipt of cash aid under the CalWORKs program.~~

19 ~~(3) A statement that the Medi-Cal beneficiary does not need to~~
20 ~~fill out monthly status reports in order to remain eligible for~~
21 ~~Medi-Cal, but shall be required to submit annual reaffirmation~~
22 ~~forms. The notice shall remind individuals whose cash aid ended~~
23 ~~under the CalWORKs program as a result of not submitting a~~
24 ~~status report that he or she should review his or her~~
25 ~~circumstances to determine if changes have occurred that should~~
26 ~~be reported to the Medi-Cal eligibility worker.~~

27 ~~(4) A statement describing the responsibility of the Medi-Cal~~
28 ~~beneficiary to report to the county, within 10 days, significant~~
29 ~~changes that may affect eligibility.~~

30 ~~(5) A telephone number to call for more information.~~

31 ~~(6) A statement that the Medi-Cal beneficiary's eligibility~~
32 ~~worker will not change, or, if the case has been reassigned, the~~
33 ~~new worker's name, address, and telephone number, and the~~
34 ~~hours during which the county's eligibility workers can be~~
35 ~~contacted.~~

36 ~~(c) This section shall be implemented on or before July 1,~~
37 ~~2001, but only to the extent that federal financial participation~~
38 ~~under Title XIX of the federal Social Security Act (Title 42~~
39 ~~U.S.C. Sec. 1396 and following) is available.~~

~~(d) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall, without taking any regulatory action, implement this section by means of all county letters or similar instructions. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Comprehensive implementing instructions shall be issued to the counties no later than March 1, 2001.~~

~~SEC. 2. Section 14005.32 of the Welfare and Institutions Code is amended to read:~~

~~14005.32. (a) (1) If the county has evidence clearly demonstrating that a beneficiary is not eligible for benefits under this chapter pursuant to Section 14005.30, but is eligible for benefits under this chapter pursuant to other provisions of law, the county shall transfer the individual to the corresponding Medi-Cal program. Eligibility under Section 14005.30 shall continue until the transfer is complete.~~

~~(2) The department, in consultation with the counties and representatives of consumers, managed care plans, and Medi-Cal providers, shall prepare a simple, clear, consumer-friendly notice to be used by the counties, to inform beneficiaries that their Medi-Cal benefits have been transferred pursuant to paragraph (1) and to inform them about the program to which they have been transferred. To the extent feasible, the notice shall be issued with the notice of discontinuance from cash aid, and shall include all of the following:~~

~~(A) A statement that Medi-Cal benefits will continue under another program, even though aid under Chapter 2 (commencing with Section 11200) has been terminated.~~

~~(B) The name of the program under which benefits will continue, and an explanation of that program.~~

~~(C) A statement that continued receipt of Medi-Cal benefits will not be counted against any time limits in existence for receipt of cash aid under the CalWORKs program.~~

~~(D) A statement that the Medi-Cal beneficiary does not need to fill out monthly status reports in order to remain eligible for Medi-Cal, but shall be required to submit annual reaffirmation forms. In addition, if the person or persons to whom the notice is directed has been found eligible for transitional Medi-Cal as~~

described in Section 14005.8, 14005.81, or 14005.85, the statement shall explain the reporting requirements and duration of benefits under those programs, and shall further explain that, at the end of the duration of these benefits, a redetermination, as provided for in Section 14005.37 shall be conducted to determine whether benefits are available under any other provision of law.

(E) A statement describing the beneficiary's responsibility to report to the county, within 10 days, significant changes that may affect eligibility or share of cost.

(F) A telephone number to call for more information.

(G) A statement that the beneficiary's eligibility worker will not change, or, if the case has been reassigned, the new worker's name, address, and telephone number, and the hours during which the county's Medi-Cal eligibility workers can be contacted.

(b) No later than September 1, 2001, the department shall submit a federal waiver application seeking authority to eliminate the reporting requirements imposed by transitional medicaid under Section 1925 of the federal Social Security Act (Title 42 U.S.C. Sec. 1396r-6).

(c) This section shall be implemented on or before July 1, 2001, but only to the extent that federal financial participation under Title XIX of the federal Social Security Act (Title 42 U.S.C. Sec. 1396 and following) is available.

(d) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall, without taking any regulatory action, implement this section by means of all county letters or similar instructions. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Comprehensive implementing instructions shall be issued to the counties no later than March 1, 2001.

SEC. 3. Section 14011.16 of the Welfare and Institutions Code is amended to read:

14011.16. (a) Commencing July 1, 2006, the department shall eliminate the requirement that recipients file semiannual status reports.

(b) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government

1 ~~Code, the department shall implement this section by means of~~
2 ~~all county letters or similar instructions without taking regulatory~~
3 ~~action. Thereafter, the department shall adopt regulations in~~
4 ~~accordance with the requirements of Chapter 3.5 (commencing~~
5 ~~with Section 11340) of Part 1 of Division 3 of Title 2 of the~~
6 ~~Government Code.~~

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